



Luther Public Works Authority  
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## LUTHER PUBLIC WORKS

### RESIDENTIAL APPLICATION FOR TRASH SERVICE

Service Start Date: \_\_\_\_\_ Poly Cart (\$50 deposit)  
Receipt Number: \_\_\_\_\_ Dumpster (\$100 deposit)  
New Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: Luther State: OK  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Polycart (# of) \_\_\_\_\_ Dumpster: \_\_\_\_\_ 2yd \_\_\_\_\_ 3yd \_\_\_\_\_ 4yd \_\_\_\_\_ 6yd \_\_\_\_\_ 8yd

By signing below, I understand that the full amount of the bill for LPWA Utility Services is due on the 10<sup>th</sup> of each month. If the bill is not paid by the 10<sup>th</sup>, I understand that a 10% penalty will be added to my bill; if the bill is not paid by the cut-off date, service will be stopped and the receptacles will be picked up. I understand that there will be a fee of \$50.00 to reinstate trash service and for the receptacles to be returned. I understand that all Utility Rates are set by the Town Council and are governed by the Code of Ordinances of the Town of Luther, Ordinance # 90-2. I also understand that with every water account there will also be trash service per Section 17-403 of the Code of Ordinances.

**Signature:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

#### FOR OFFICE USE ONLY

Completed By: \_\_\_\_\_ Completed Date: \_\_\_\_\_

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT  
 RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC  
 INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY THE  
 GOVERNMENT FOR MONITORING PUPOSES**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964. You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

CO-APPLICANT

I do not wish to furnish this information

I do not wish to furnish this information

Race/National Origin:  
(Select one or more)

Race/National Origin:  
(Select one or more)

American Indian or Alaska Native

American Indian or Alaska Native

Asian

Asian

Native Hawaiian or other Pacific Islander

Native Hawaiian or other Pacific Islander

Black or African American

Black or African American

Hispanic or Latino

Hispanic or Latino

White

White

Other (Specify) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Sex:  Female  Male

Sex:  Female  Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by:  face to face interview  by telephone  by mail

Applicant's Name: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_